

BOS AGREEMENT NO. **23-130-A1**

AMENDMENT #1

Original Agreement

BOS-23-130

**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-23-130**

This Amendment to Agreement No. BOS-23-130 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **REDWOOD COMMUNITY SERVICES, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-23-130 was entered into on May 11, 2023 (the "Initial Agreement"); and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this Amendment will become part of the Initial Agreement and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to extend the termination date from June 30, 2025 to June 30, 2027; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$1,146,500 from \$1,162,861 to \$2,309,361; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to add an Exhibit B-3, Payment Terms, for an additional two (2) years of Coastal Respite Services.


NOW, THEREFORE, we agree as follows:

1. The termination date set out in the Initial Agreement is hereby extended from June 30, 2025 to June 30, 2027.
2. The total contracted amount set out in the Initial Agreement is hereby increased by \$1,146,500 from \$1,162,861 to \$2,309,361.
3. An Exhibit B-3, Payment Terms, is hereby added to the Initial Agreement and attached herein.

All other terms and conditions of the Initial Agreement shall remain in full force and effect.

IN WITNESS WHEREOF


DEPARTMENT FISCAL REVIEW:

By: 
Jenine Miller, Psy.D.
Director of Health Services

Date: 5/7/25

Budgeted: Yes
Budget Unit: 4052
Line Item: 86-2189
Org/Object Code: ME
Grant: No
Grant No.: N/A


COUNTY OF MENDOCINO

By: 
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: 06/24/2025


ATTEST:

DARCIE ANTLE, Clerk of said Board

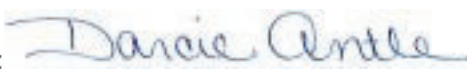
By: 
Deputy 06/24/2025

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: 
Deputy 06/24/2025

INSURANCE REVIEW:

By: 
Risk Management

Date: 04/25/2025

CONTRACTOR/COMPANY NAME

DocuSigned by:
By: 
37E085246610457...
Victoria Kelly, CEO

Date: 5/6/2025

NAME AND ADDRESS OF CONTRACTOR:

REDWOOD COMMUNITY SERVICES, INC.
350 East Gobbi Street
Ukiah, CA 95482
707-467-2010
kellyv@redwoodcommunityservices.org

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement


COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

By: 
COUNTY COUNSEL

Date: 04/25/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 04/25/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**
Exception to Bid Process Required/Completed ☒ EB-23-182; EB-25-136
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: Located within city limits in Mendocino County

EXHIBIT B-3
PAYMENT TERMS
Mendocino County Behavioral Health – Coastal Respite Services

- I. COUNTY shall pay CONTRACTOR a maximum not to exceed Five Hundred Seventy-Three Thousand Two Hundred Fifty Dollars (\$573,250) per year for a period of two (2) years (from July 1, 2025 through June 30, 2027) for satisfactorily providing services pursuant to this Agreement for the Agreement term.
- II. The funds provided by this Agreement are available to pay for:
 1. Medi-Cal Match
 2. Private insurance or Medicare
 3. Non-billable services
 4. Indigent Clients
- III. CONTRACTOR will provide any funds outside of the scope of this Agreement by Medi-Cal billing or other funding sources available to CONTRACTOR.
- IV. COUNTY shall pay CONTRACTOR for services that comply with the Mendocino County Behavioral Health, Coastal Respite Services, Rate Sheet (Exhibit B-3a).
- V. COUNTY shall pay CONTRACTOR according to the following Fund Table:

FFP			\$333,250
Measure B Total	MATCH	\$215,000	\$240,000
	INDIGENT	\$25,000	
Contract Total			\$573,250
2 Year Total:			\$1,146,500

- VI. Billing for services pertaining to this Agreement is expected to be completed on a monthly basis and must occur within sixty (60) days of service provision. Billings for services beyond the sixty (60) day period will be paid at the discretion of the COUNTY. Invoices shall be submitted on an approved form with content detailing the charges. All invoices shall clearly reflect and, in reasonable detail, give information regarding the services invoiced. The final invoice for each Fiscal Year must be submitted prior to fifteen (15) days after the end of that Fiscal Year.
- VII. CONTRACTOR agrees overpayments based on an audit finding and/or an audit finding appealed and upheld will be recouped by COUNTY. Said repayment to COUNTY from CONTRACTOR will be due and payable no later than thirty (30) days from said upheld finding.

VIII. Monthly invoices and summary of services will be sent to:

County of Mendocino
Behavioral Health and Recovery Services
1120 South Dora Street
Ukiah, CA 95482

IX. Payments under this Exhibit B-3 shall not exceed Five Hundred Seventy-Three Thousand Two Hundred Fifty Dollars (\$573,250) per year, for two (2) years, for a total of One Million One Hundred Forty-Six Thousand Five Hundred Dollars (\$1,146,500) for the term of this Agreement.

[END OF PAYMENT TERMS]

EXHIBIT B-3a
PAYMENT TERMS – Rate Sheet
Mendocino County Behavioral Health – Coastal Respite Services

SMHS		FY 2025-26 RATES							
County:		MENDOCINO							
Contractor:		RCS							
Code	Time Associated with Code (Mins) for Purposes of Rate	Psychiatrist/Contracted Psychiatrist	LVN	Psychologist/Pre-licensed Psychologist	LPHA	LCSW	Mental Health Rehab Specialist	Peer Recovery Specialist	Other Qualified Providers - Other Designated MH staff that bill medical
PROVIDER TYPE HOURLY		\$ 1,071.44	\$ 228.63	\$ 430.75	\$ 281.51	\$ 278.84	\$ 209.79	\$ 205.60	\$ 195.80
90785	Occurrence	\$ 15.35	\$ 15.35	\$ 15.35	\$ 15.35	\$ 15.35	\$ 15.35	\$ 15.35	\$ 15.35
90791	60	\$ 1,071.44		\$ 430.75	\$ 281.51	\$ 278.84			
90792	60	\$ 1,071.44							
90832	30	\$ 535.72		\$ 215.38	\$ 140.76	\$ 139.42			
90833	30	\$ 535.72							
90834	45	\$ 803.58		\$ 323.08	\$ 211.13	\$ 209.13			
90836	45	\$ 803.58							
90837	60	\$ 1,071.44		\$ 430.75	\$ 281.51	\$ 278.84			
90838	60	\$ 1,071.44							
90839	60	\$ 1,071.44		\$ 430.75	\$ 281.51	\$ 278.84			
90840	30	\$ 535.72		\$ 215.38	\$ 140.76	\$ 139.42			
90847	50	\$ 892.87		\$ 358.96	\$ 234.59	\$ 232.37			
90853	50	\$ 198.41		\$ 79.77	\$ 52.13	\$ 51.64			
90887	50	\$ 892.87		\$ 358.96	\$ 234.59	\$ 232.37			
98966	8			\$ 57.43	\$ 37.53	\$ 37.18			
98967	16			\$ 114.87	\$ 75.07	\$ 74.36			
98968	26			\$ 196.66	\$ 121.99	\$ 120.83			
H0025	15							\$ 11.42	
H0031	15		\$ 57.16	\$ 107.69	\$ 70.38	\$ 69.71	\$ 52.45		\$ 48.95
H0032	15		\$ 57.16	\$ 107.69	\$ 70.38	\$ 69.71	\$ 52.45		\$ 48.95
H0038	15							\$ 51.40	
H2011	15	\$ 267.86	\$ 57.16	\$ 107.69	\$ 70.38	\$ 69.71	\$ 59.39		\$ 48.95
H2017	15	\$ 267.86	\$ 57.16	\$ 107.69	\$ 70.38	\$ 69.71	\$ 52.45		\$ 48.95
H2017HQ	15	\$ 59.52	\$ 12.70	\$ 23.93	\$ 15.64	\$ 15.49	\$ 11.66		\$ 10.88
H2019	15	\$ 267.86	\$ 57.16	\$ 107.69	\$ 70.38	\$ 69.71	\$ 52.45		\$ 48.95
H2021	15	\$ 267.86	\$ 57.16	\$ 107.69	\$ 70.38	\$ 69.71	\$ 52.45		\$ 48.95
T1013	15	\$ 25.96	\$ 25.96	\$ 25.96	\$ 25.96	\$ 25.96	\$ 25.96	\$ 25.96	\$ 25.96
T1017	15	\$ 267.86	\$ 57.16	\$ 107.69	\$ 70.38	\$ 69.71	\$ 52.45		\$ 48.95
T2021	15	\$ 267.86	\$ 57.16	\$ 107.69	\$ 70.38	\$ 69.71			
T2021HQ	15	\$ 59.52	\$ 12.70	\$ 23.93	\$ 15.64	\$ 15.49			
T2024	15	\$ 267.86	\$ 57.16	\$ 107.69	\$ 70.38	\$ 69.71			